STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: Philip A. Chessey, Jr. MAILING ADDRESS: PO BOX 183	Please check the appropriate box and fill in the District number.
CITY: COMISS	Member of the Senate, District
ZIP CODE: <u>04030-0183</u>	
PHONE NUMBER: (207) 685-8747	Member of the House, District 99

GENERAL INSTRUCTIONS

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES	š.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
· Velocity Expres	S. POGLAND	Churist
	<u> </u>	
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- Entrey are marrie and address of	aturership, little Drotessional association	egislators who are self-employed.) reas of economic activity from which you deri or similar business entity, list the major areas
Name and Address Ma	ajor Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entire
Ebay, CA	Internet Sols	Solor
AMBROY CA CA	Internet sales	Solec
	, , , , , , , , , , , , , , , , , , , ,	
derived such income. If this for	m of disclosure is prohibited by love sale	
derived such income. If this for	IU SDECITY INE DINCIPAL fune of economic	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
derived such income. If this for specify only the principal type of	and specify the principal type of economic rm of disclosure is prohibited by law, rule of economic activity of the entity or person	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity
derived such income. If this for specify only the principal type of	and specify the principal type of economic rm of disclosure is prohibited by law, rule of economic activity of the entity or person	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
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derived such income. If this for specify only the principal type of Name of Source ACCO RT III. MAJOR AREAS OF PR	and specify the principal type of economic rm of disclosure is prohibited by law, rule of economic activity of the entity or personal resonant personal resonant personal resonant personal resonant personant	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
derived such income. If this for specify only the principal type of Name of Source ACCO RT III. MAJOR AREAS OF PR	Address	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
derived such income. If this for specify only the principal type of Name of Source RT III. MAJOR AREAS OF PRoctice. If associated with a law firm.	Address Address Address Address Address Address Major Areas of Practice (self)	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income orneys-at-law only.) List your major areas of itm. Major Areas of Practice (firm)
Name and Address of Firm	Address Address Address Address Address Major Areas of Practice (self)	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income orneys-at-law only.) List your major areas of itm. Major Areas of Practice (firm)
Name and Address of Firm	Address Address Address Address Address Major Areas of Practice (self)	activity of the entity or person from whom ye, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income orneys-at-law only.) List your major areas of im. Major Areas of Practice (firm)

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	<u>Kind of Income</u>
1.0-10		
RT V. DISCLOSURE OF RE 00 or more that you received duri ist loans from a relative. If none,	IIIX LIIC ICINDIIIIIV DETIAA 998 NET TKA 988-6-	names of creditors for any unsecured load r areas of economic activity of each creditor
Name of Creditor		Principal Type of Economic
	Address of Creditor	Activity of Creditor
		· · ·
		•
T VI. DISCLOSURE OF GIR	FTS. Name the specific source of each	
T VI. DISCLOSURE OF GIF gate value of more than \$300 from	FTS. Name the specific source of each m a single source. If none, so state.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIF egate value of more than \$300 from	FTS. Name the specific source of each m a single source. If none, so state. 3.	
T VI. DISCLOSURE OF GIR gate value of more than \$300 from	FTS. Name the specific source of each masingle source. If none, so state. 34	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIR gate value of more than \$300 from	FTS. Name the specific source of each m a single source. If none, so state. 3. 4. DNORARIA. List the source of any he so state.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIR gate value of more than \$300 from	FTS. Name the specific source of each m a single source. If none, so state. 3. 4. DNORARIA. List the source of any he so state. 3. 3.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIF egate value of more than \$300 from	FTS. Name the specific source of each m a single source. If none, so state. 3. 4. DNORARIA. List the source of any he so state. 3. 3.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIRE gate value of more than \$300 from AND STATE OF HO d to your official duties. If none, the state of the state o	FTS. Name the specific source of each m a single source. If none, so state. 3. 4. DNORARIA. List the source of any he so state. 3. 4.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIRE and sale of more than \$300 from April 1. VII. DISCLOSURE OF HO do to your official duties. If none, the sale of t	FTS. Name the specific source of each m a single source. If none, so state. 3. 4. DNORARIA. List the source of any he so state. 3. 4. BEFORE STATE AGENCIES. Identify compensation of any amount. If none, so state. 3.	gift of more than \$300. Include gifts with one or speed on oraria accepted for appearances or speed by each executive branch agency before whate.
T VI. DISCLOSURE OF GIRE and sale of more than \$300 from April 1. VII. DISCLOSURE OF HO do to your official duties. If none, the sale of t	FTS. Name the specific source of each m a single source. If none, so state. 3. 4. DNORARIA. List the source of any he so state. 3. 4.	gift of more than \$300. Include gifts volume on or specific accepted for appearances or specify each executive branch agency before rate.

s and a value	dentify each executive branch agency to which you or a member of a in excess of \$1,000 during the reporting period. If none, so state.
1	_ 2
PART X. INCOME RECEIVED BY MEMBERS OF	•
List the type of economic activity representing each source child(ren) during the reporting period and the kind of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of incoming the received by spouse and (D) beside sources of the received by spouse and (D) beside sources of the received by	e of income of \$1,000 or more received by your spouse or dependen me represented. Do not include gifts. Indicate (S) beside sources of me received by dependent(s).
Type of Economic Activity Representing Each Source of Income Received	<u>Kind of Income</u>
1. Health Core (s)	Exployment.
2	
4	
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Attorney General. If the Commission determines statement or has willfully filed a false statement, t interest on every question and shall be precluded branch of the Legislature, and shall not attempt to	that a Legislator has willfully failed to file a required he Legislator shall be presumed to have a conflict of from voting on any question in committee or in either influence the outcome of any question. A Legislator
Lily G Grayl	1)19/07
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